| Fill in this information to identify your case: | | |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF MICHIGAN | - | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on | Samira | |
| | your government-issued picture identification (for | First name | First name |
| | example, your driver's | N | |
| | license or passport). | Middle name | Middle name |
| | Bring your picture identification to your | Sutton | |
| | meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | |
| 2. | All other names you have used in the last 8 years | FKA Samira Brown | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-7297 | |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | 18244 Ferguson | If Debtor 2 lives at a different address: |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Wayne | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

| DUL | Saillia N Sulloii | | | | | Odde Hamber (# | | |
|-----|--|------------|-----------------------------|---|---|---|--|--|
| | | | | | | | | |
| Par | t 2: Tell the Court About | Your Bank | ruptcy C | ase | | | | |
| 7. | The chapter of the Bankruptcy Code you are | | | | each, see <i>Notice Requir</i> age 1 and check the appi | | b) for Individuals Filin | g for Bankruptcy |
| | choosing to file under | ■ Chap | ter 7 | | | | | |
| | | ☐ Chap | ter 11 | | | | | |
| | | ☐ Chap | ter 12 | | | | | |
| | | ☐ Chap | ter 13 | | | | | |
| | | | | | | | | |
| 8. | How you will pay the fee | abo ord | out how you | ou may pay. Typica | I file my petition. Please ally, if you are paying the ting your payment on you | fee yourself, you may | pay with cash, cashie | r's check, or money |
| | | | | | Iments. If you choose thi Official Form 103A). | s option, sign and attac | ch the Application for | Individuals to Pay |
| | | | U | ` | ed (You may request this | s option only if you are | filing for Chapter 7. By | / law, a judge may, |
| | | but | t is not red plies to yo | quired to, waive you our family size and | ur fee, and may do so only you are unable to pay the apter 7 Filing Fee Waived | ly if your income is less e fee in installments). If | s than 150% of the offi you choose this optic | icial poverty line that on, you must fill out |
| 9. | Have you filed for | ■ No. | | | | | | |
| | bankruptcy within the last 8 years? | ■ No. | | | | | | |
| | last o years: | Li res. | District | | When | C | ase number | |
| | | | District | | When | | ase number | |
| | | | District | | When | | ase number | |
| | | | | - | | | | |
| 10. | Are any bankruptcy | ■ No | | | | | | |
| | cases pending or being filed by a spouse who is | ☐ Yes. | | | | | | |
| | not filling this case with you, or by a business partner, or by an affiliate? | | | | | | | |
| | | | Debtor | | | Rel | lationship to you | |
| | | | District | | When | | se number, if known | |
| | | | Debtor | | | | lationship to you | |
| | | | District | | When | Ca | se number, if known | |
| 11. | Do you rent your residence? | □ No. | | line 12. | | | | |
| | | Yes. | Has y | | ed an eviction judgment a | against you? | | |
| | | | | No. Go to line 12 | | | | |
| | | | | Yes. Fill out <i>Initia</i> bankruptcy petition | al Statement About an Evo on. | iction Judgment Agains | st You (Form 101A) ar | nd file it with this |
| | | | | | | | | |

| Part 3: Report About Any Businesse | s You Ow | vn as a Sole Proprietor |
|---|--------------|--|
| Part 3: Report About Any Businesse | s You Ow | n as a Sole Proprietor |
| | | |
| 12. Are you a sole proprietor of any full- or part-time business? ■ No. | Go t | o Part 4. |
| ☐ Yes | Nam | ne and location of business |
| A sole proprietorship is a | | |
| business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | ne of business, if any |
| If you have more than one sole proprietorship, use a separate sheet and attach | Num | nber, Street, City, State & ZIP Code |
| it to this petition. | Che | ck the appropriate box to describe your business: |
| | | Health Care Business (as defined in 11 U.S.C. § 101(27A)) |
| | | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | Stockbroker (as defined in 11 U.S.C. § 101(53A)) |
| | | Commodity Broker (as defined in 11 U.S.C. § 101(6)) |
| | | None of the above |
| Chapter 11 of the deadling Bankruptcy Code and are operation | es. If you | nder Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure 6(1)(B). |
| For a definition of small | I am | not filing under Chapter 11. |
| business debtor, see 11 U.S.C. § 101(51D). □ No. | I am Code | filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy e. |
| ☐ Yes | lam | filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Part 4: Report if You Own or Have A | w Hazard | dous Property or Any Property That Needs Immediate Attention |
| 44. Do way and an have any | iy i iazai u | adds Froperty of Any Froperty That Needs infinediate Attention |
| property that poses or is | | |
| alleged to pose a threat ☐ Yes of imminent and | | s the hazard? |
| identifiable hazard to public health or safety? Or do you own any | | |
| property that needs immediate attention? | | ediate attention is d, why is it needed? |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | Where | is the property? |
| | | Number, Street, City, State & Zip Code |
| | | |
| | | |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Samira N Sutton | | | Case numbe | (if known) |
|-----|---|-------------------------------|--------------------------------------|---|---|
| Par | t 6: Answer These Quest | ions for Re | porting Purposes | | |
| 16. | What kind of debts do you have? | 16a. | | nsumer debts? Consumer debts are definently, or household purpose." | ned in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | |
| | | | Yes. Go to line 17. | | |
| | | 16b. | | siness debts? Business debts are debts stment or through the operation of the bus | |
| | | | ☐ No. Go to line 16c. | | |
| | | | ☐ Yes. Go to line 17. | | |
| | | 16c. | State the type of debts you ov | we that are not consumer debts or busines | s debts |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7 | 7. Go to line 18. | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | | o you estimate that after any exempt propailable to distribute to unsecured creditors? | erty is excluded and administrative expenses |
| | administrative expenses | | ■ No | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ☐ Yes | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-19 | 99 | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 |
| | | □ 200-99 | 99 | | |
| 19. | How much do you | \$ 0 - \$5 | 50.000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | □ \$50,00 | 01 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion |
| | | | 001 - \$500,000 001 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion |
| 20. | How much do you | □ \$0 - \$5 | 50,000 | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion |
| | estimate your liabilities to be? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion |
| | | _ | 001 - \$500,000 001 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| Par | t7: Sign Below | | | | |
| For | you | I have exa | amined this petition, and I decl | lare under penalty of perjury that the inforr | nation provided is true and correct. |
| | | | | I am aware that I may proceed, if eligible, elief available under each chapter, and I ch | |
| | | | | ot pay or agree to pay someone who is no e notice required by 11 U.S.C. § 342(b). | t an attorney to help me fill out this |
| | | I request | relief in accordance with the ch | hapter of title 11, United States Code, spe- | cified in this petition. |
| | | bankrupto and 3571 | cy case can result in fines up to | concealing property, or obtaining money of \$250,000, or imprisonment for up to 20 y | or property by fraud in connection with a rears, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | Samira I | N Sutton of Debtor 1 | Signature of Debto | r 2 |
| | | Executed | on September 27, 2019 MM / DD / YYYY | Executed on MM | / DD / YYYY |
| | | | | | |

| Debtor 1 Samira N Sutton | | Ca | ase number (if known) | |
|---|--|-----------------------|------------------------|--------------------------------|
| | | | | |
| For your attorney, if you are represented by one | I, the attorney for the debtor(s) named in this petitio under Chapter 7, 11, 12, or 13 of title 11, United Sta for which the person is eligible. I also certify that I h | ites Code, and have | explained the relief a | vailable under each chapter |
| If you are not represented by an attorney, you do not need to file this page. | and, in a case in which § 707(b)(4)(D) applies, certificated with the petition is incorrect. | fy that I have no kno | owledge after an inqui | ry that the information in the |
| | 4.4.1.1 | Data | 0 1 0 | 0040 |

| /s/ John A | . Steinberger | Date | September 27, 2019 |
|-----------------|------------------------------|---------------|-------------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| John A. St | teinberger P30812 | | |
| | teinberger & Associates P.C. | | |
| Firm name | | | |
| 17515 Wes | st Nine Mile Rd. | | |
| Suite 420 | | | |
| Southfield | I, MI 48075 | | |
| Number, Street, | City, State & ZIP Code | | |
| Contact phone | 248-559-4055 | Email address | john@steinbergerlaw.com |
| P30812 MI | l | | |
| Bar number & S | tate | | |

| Fill | in this inform | ation to identify your | case: | | | |
|---------|-------------------------------|--|--|--|--------------|---------------------------------|
| | tor 1 | Samira N Sutton | | | | |
| Doh | tor 2 | First Name | Middle Name | Last Name | | |
| 1 . | use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ed States Ban | kruptcy Court for the: | EASTERN DISTRICT C | DF MICHIGAN | | |
| | e number | | | | | |
| (if kno | own) | | | | | ck if this is an nded filing |
| • | | | | · | | _ |
| Off | ficial For | m 106Sum | | | | |
| Su | mmary of | Your Assets | and Liabilities ar | nd Certain Statistical Information | | 12/15 |
| infor | mation. Fill of original form | ut all of your schedul | es first; then complete th | e are filing together, both are equally responsible ne information on this form. If you are filing amer k the box at the top of this page. | | |
| | | | | | | assets of what you own |
| 1. | Schedule A/I 1a. Copy line | B: Property (Official Foundation 55, Total real estate, f | orm 106A/B) rom Schedule A/B | | \$ | 0.00 |
| | 1b. Copy line | 62, Total personal pro | perty, from Schedule A/B | | \$ | 10,541.00 |
| | 1c. Copy line | 63, Total of all propert | y on Schedule A/B | | \$ | 10,541.00 |
| Part | 2: Summa | rize Your Liabilities | | | | |
| | | | | | | iabilities nt you owe |
| 2. | | | laims Secured by Property mn A, Amount of claim, at | (Official Form 106D) the bottom of the last page of Part 1 of Schedule D | . \$ | 0.00 |
| 3. | Schedule E/F 3a. Copy the | F: Creditors Who Have total claims from Part | Unsecured Claims (Officia 1 (priority unsecured claim | al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i> | \$ | 677.17 |
| | 3b. Copy the | total claims from Part | 2 (nonpriority unsecured c | claims) from line 6j of Schedule E/F | \$ | 69,240.18 |
| | | | | Your total liabilitie | s \$ | 69,917.35 |
| Part | 3: Summa | rize Your Income and | l Expenses | | | |
| 4. | | our Income (Official Formbined monthly incom | , | ə I | \$ | 3,051.00 |
| 5. | | Your Expenses (Official onthly expenses from li | | | \$ | 3,051.00 |
| Part | 4: Answer | These Questions for | Administrative and Stati | istical Records | | |
| 6. | • | | er Chapters 7, 11, or 13? on this part of the form. C | theck this box and submit this form to the court with y | our other so | chedules. |
| 7. | ■ Yes What kind of | f debt do you have? | | | | |
| | | | | debts are those "incurred by an individual primarily for great for statistical purposes. 28 U.S.C. § 159. | or a persona | l, family, or |

the court with your other schedules. Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____3,870.00

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total c | laim |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 677.17 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 25,532.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 26,209.17 |

| ノピいし | or 1 | Samira N Sutton | | | | | |
|-----------|------------------------|------------------------------------|----------|---|---|---|---|
| | | First Name | Middle | Name Last Name | | | |
| | or 2 se, if filing) | First Name | Middle | Name Last Name | | | |
| nite | d States Bar | nkruptcy Court for the: | EASTERN | DISTRICT OF MICHIGAN | | | |
| ase | number _ | | | | | С | Check if this is a amended filing |
| | | | | | | | · · |
| | | rm 106A/B | | | | | |
| C | hedul | e A/B: Prop | erty | | | | 12/15 |
| art Do | | ave any legal or equitable | · · | her Real Estate You Own or Have an Interest In iny residence, building, land, or similar property? | | | |
| | | here is the property? | | | | | |
| | | Total Care property | | Milest in the manager O | | | |
| .1 | | | | What is the property? Check all that apply | Do not dodu | ct cocured claim | |
| - | | | | ☐ Single-family home | the amount of | of any secured of | ns or exemptions. Put claims on Schedule D: |
| - | Street address, i | if available, or other description | | ☐ Single-family home ☐ Duplex or multi-unit building | the amount of Creditors Will Current value | of any secured on the secured of the secure | claims on Schedule D: Secured by Property. Current value of the |
| | Street address, i | if available, or other description | ZIP Code | ☐ Duplex or multi-unit building ☐ Condominium or cooperative | the amount of Creditors Wh | of any secured of the Have Claims ue of the erty? | claims on Schedule D: Secured by Property. |
| | | • | ZIP Code | □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home | the amount of Creditors Who Current valuentire prope | of any secured of the Have Claims ue of the erty? | claims on Schedule D: Secured by Property. Current value of the portion you own? |
| | | • | ZIP Code | □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land | the amount of Creditors Who Current valuentire prope | of any secured of the Have Claims ue of the erty? | claims on Schedule D: Secured by Property. Current value of the portion you own? |
| | | • | ZIP Code | □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property | the amount of Creditors Who Current valuentire prope | of any secured of the Have Claims ue of the erty? | claims on Schedule D: Secured by Property. Current value of the portion you own? |
| | | • | ZIP Code | □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land | the amount of Creditors Will Current valuentire propes | of any secured of the Have Claims ue of the erty? | claims on Schedule D: Secured by Property. Current value of the portion you own? \$ |
| | | • | ZIP Code | □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare | the amount of Creditors Will Current valuentire proper \$ | of any secured of ho Have Claims ue of the erty? e nature of your simple, tenan | claims on Schedule D: Secured by Property. Current value of the portion you own? |
| | | • | ZIP Code | □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other Who has an interest in the property? Check | the amount of Creditors Will Current valuentire propes | of any secured of ho Have Claims ue of the erty? e nature of your simple, tenan | claims on Schedule D: Secured by Property. Current value of the portion you own? \$ |
| | City | • | ZIP Code | □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only | the amount of Creditors Will Current valuentire propes | of any secured of ho Have Claims ue of the erty? e nature of your simple, tenan | claims on Schedule D: Secured by Property. Current value of the portion you own? \$ |
| | | • | ZIP Code | □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | the amount of Creditors Will Current valuentire propess Describe the (such as fee a life estate) | of any secured of ho Have Claims ue of the erty? e nature of your esimple, tenand), if known. | claims on Schedule D: Secured by Property. Current value of the portion you own? \$ |
| | City | • | ZIP Code | □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another Other information you wish to add about this it | Describe the (such as fee a life estate) Check is (see ins.) | of any secured of ho Have Claims ue of the erty? e nature of you e simple, tenand, if known. | claims on Schedule D: Secured by Property. Current value of the portion you own? |
| | City | • | ZIP Code | □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | Describe the (such as fee a life estate) Check is (see ins.) | of any secured of ho Have Claims ue of the erty? e nature of you e simple, tenand, if known. | claims on Schedule D: Secured by Property. Current value of the portion you own? |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Debto | r1 <u>S</u> | amira N Su | tton | | Case | number (if known) | | |
|---------|-----------------|--|----------------------|---|-----------------------------|---------------------------------------|---|------|
| 3. Car | s, vans | trucks, tract | ors, sport utility v | ehicles, motorcycles | | | | |
| | lo. | | - | | | | | |
| ■ Y | | | | | | | | |
| ■ Y | es | | | | | | | |
| 0.4 | | Oldsmob | ila | Miles I are a state of the discount | | Do not deduct secu | red claims or exemptions. P | ut |
| 3.1 | Make: | Cutlass | | Who has an interest in the pro | perty? Check one | the amount of any s | secured claims on Schedule | D: |
| | Model: Year: | 1969 | | Debtor 1 only | | | e Claims Secured by Proper | - |
| | | nate mileage: | | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | | Current value of the entire property? | ne Current value of th portion you own? | е |
| | | formation: | | At least one of the debtors a | nd another | | , , | |
| | not ru | nning | | | | \$500 | 00 0500 | |
| | | | | Check if this is community (see instructions) | property | \$500. | 9500 | .00 |
| | | | | (See Histractions) | | | | |
| Exai | , lo | oats, trailers, | motors, personal w | vatercraft, fishing vessels, snown | nobiles, motorcycle acce | essories | | |
| | | | | wn for all of your entries from e that number here | | | \$500.00 | 0 |
| | | | | | | | | • |
| Part 3: | | | nal and Household | Items nterest in any of the following | itams? | | Current value of the | |
| | | | | interest in any or the following | items: | | portion you own? Do not deduct secur claims or exemption | ed |
| Exa | amples: No | goods and for Major appliant escribe | | s, china, kitchenware | | | | |
| | | | Household god | ods | | | \$2,00 | 0.00 |
| Exa | No | Televisions a | phones, cameras, | deo, stereo, and digital equipmei media players, games | nt; computers, printers, s | scanners; music co | | |
| | | | Electronics | | | | \$1,00 | 0.00 |
| Exa | amples: No | | ons, memorabilia, c | s, prints, or other artwork; books, sollectibles | | jects; stamp, coin, d | or baseball card collectio | ns; |
| | | | | | | | | |
| Exa | amples: No | for sports ar Sports, photo musical instru scribe | graphic, exercise, a | and other hobby equipment; bicy | cles, pool tables, golf clu | ubs, skis; canoes a | nd kayaks; carpentry tool | s; |
| | | | | | | | | |

Schedule A/B: Property Official Form 106A/B page 2

| De | ebtor 1 | Samira N Su | tton | | | ase number (if known) | |
|----|---------------------|-----------------------------------|-------------|--------------------------|--|--------------------------|--|
| | ■ No | | s, shotgur | s, ammunition, and rel | ated equipment | | |
| | □ No | | othes, furs | s, leather coats, design | er wear, shoes, accessories | | |
| | | | Appar | el approx. | | | \$190.00 |
| | □ No · | | | | nent rings, wedding rings, heirloom jew | elry, watches, gems, ç | |
| | | | Jewelr | У | | | \$200.00 |
| | Examp ■ No | rm animals oles: Dogs, cats, b | oirds, hor | | | | |
| 15 | ■ No □ Yes. Add to | Give specific info | ormation. | our entries from Part | t already list, including any health aid | | \$3,390.00 |
| | | scribe Your Finance | | | | | |
| Do | you ow | vn or have any le | egal or e | quitable interest in ar | ny of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | □ No | | • | our wallet, in your home | e, in a safe deposit box, and on hand wl | nen you file your petiti | on |
| | | | | | | Cash | \$57.00 |
| | Examp | | If you hav | e multiple accounts wi | ts; certificates of deposit; shares in cred th the same institution, list each. Institution name: | dit unions, brokerage l | |
| | | | 17.1. | Savings | Fifth Third | | \$215.00 |
| | | | 17.2. | Checking and Savings | Huntington Bank | | \$117.00 |

Schedule A/B: Property Official Form 106A/B page 3

| D | ebtor 1 | Samira N Sutton | | Case number (if known) | |
|----|-----------------------------------|---|----------------------------|---|--------------------------|
| | | 17.3 | Checking and Savings | Navy Federal C.U. | \$375.00 |
| 8 | | mutual funds, or publiles: Bond funds, investn | | rage firms, money market accounts | |
| | | | Institution or issuer nam | ne: | |
| 19 | . Non-pu joint ve ■ No | | d interests in incorporat | ed and unincorporated businesses, including an interest in | an LLC, partnership, and |
| | ☐ Yes. | | n about themame of entity: | % of ownership: | |
| 20 | Negotia | able instruments include | personal checks, cashier | ole and non-negotiable instruments rs' checks, promissory notes, and money orders. er to someone by signing or delivering them. | |
| | | Give specific information Is: | about them suer name: | | |
| 21 | Examp ■ No | _ist each account separa | ISA, Keogh, 401(k), 403(| b), thrift savings accounts, or other pension or profit-sharing plan Institution name: | ns |
| 22 | Your sh Examp | y deposits and prepay nare of all unused depos les: Agreements with lar | sits you have made so tha | at you may continue service or use from a company lic utilities (electric, gas, water), telecommunications companies | , or others |
| | ■ No □ Yes | | | Institution name or individual: | |
| 23 | . Annuiti ■ No □ Yes | | odic payment of money to | o you, either for life or for a number of years) | |
| 24 | 26 U.S.C | s in an education IRA, C. §§ 530(b)(1), 529A(b) | | fied ABLE program, or under a qualified state tuition progra | ım. |
| | ■ No □ Yes | Institution | name and description. S | eparately file the records of any interests.11 U.S.C. § 521(c): | |
| 25 | . Trusts, | equitable or future into | erests in property (othe | r than anything listed in line 1), and rights or powers exerci | sable for your benefit |
| | | Give specific information | n about them | | |

Official Form 106A/B Schedule A/B: Property page 4

| Debtor 1 | Samira N Sutton | | | ase number (if known) | |
|--|--|--|---------------------|---------------------------------------|---|
| | | e secrets, and other intellectual pro | | | |
| | oles: Internet domain names, web | sites, proceeds from royalties and lice | nsing agreement | S | |
| ■ No | | | | | |
| ☐ Yes. | Give specific information about t | nem | | | |
| | | | | | |
| | es, franchises, and other general bles: Building permits, exclusive li | ral intangibles censes, cooperative association holding | ngs, liquor license | es, professional licenses | |
| ☐ Yes. | Give specific information about t | nem | | | |
| | | | | | |
| | · | | | · · · · · · · · · · · · · · · · · · · | |
| Money or | property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax ref | unds owed to you | | | | |
| □ No | • | | | | |
| Yes. | Give specific information about the | em, including whether you already file | ed the returns and | I the tax years | |
| | | | | | |
| | | | | | |
| | | 2019 Tax reunds | | Federal and State | \$4,000.00 |
| | | 2010 Tax Touride | | r cacrar and otate | <u> </u> |
| ⊔ Yes. | Give specific information | | | | |
| | | | | | |
| Examp ■ No | amounts someone owes you oles: Unpaid wages, disability instables benefits; unpaid loans you not give specific information | urance payments, disability benefits, si nade to someone else | ck pay, vacation | pay, workers' compensat | ion, Social Security |
| 31. Interes <i>Examp</i> □ No | ts in insurance policies oles: Health, disability, or life insu | rance; health savings account (HSA); | credit, homeowne | er's, or renter's insurance | |
| ■ Yes. | Name the insurance company of Company | | Beneficiary | r. | Surrender or refund value: |
| | Term | | | | \$0.00 |
| If you a someo | | u from someone who has died c, expect proceeds from a life insuranc | e policy, or are c | urrently entitled to receive | property because |
| | | | | | |

Schedule A/B: Property page 5 Official Form 106A/B

| Debt | or 1 | Samira N Sutto | on | Case number (if known) | |
|--------------|---------------|---|-----------------|--|---|
| | | | | er or not you have filed a lawsuit or made a demand for payment eputes, insurance claims, or rights to sue | |
| | No | | | | |
| | Yes. | Describe each clai | m | | |
| | | | | | |
| | other c | ontingent and unl | liquidated o | claims of every nature, including counterclaims of the debtor and rights to | o set off claims |
| | | Describe each clair | m | | |
| | | | | | |
| | ny fina No | ancial assets you | did not alre | eady list | |
| | Yes. | Give specific inform | nation | | |
| | | | | Garnisheed wages | \$1,587.00 |
| | | | | | |
| | | | | HSA approx. | \$300.00 |
| 36. | | | | entries from Part 4, including any entries for pages you have attached | \$6,651.00 |
| Port | T Doo | oribo Any Pusinosa | Polotod Pro | perty You Own or Have an Interest In. List any real estate in Part 1. | |
| | | | | | |
| | - | wn or nave any lega to Part 6. | ii or equitable | e interest in any business-related property? | |
| _ | | o to line 38. | | | |
| _ | 100. 0 | 3 to 1110 do. | | | |
| | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. A | ccoun | ts receivable or c | ommission | s you already earned | |
| | No Yes. | Describe | | | |
| | | Γ | | | |
| | | quipment, furnish les: Business-relate | | supplies 's, software, modems, printers, copiers, fax machines, rugs, telephones, desks | s, chairs, electronic devices |
| | No Yes. | Describe | | | |
| | | | | | |
| 40. N | lachin | ery, fixtures, equi | pment, sup | plies you use in business, and tools of your trade | |
| | No Yes. | Describe | | | |
| | | | | | |
| 41. I | nvento | ory | | | |
| | No Yes. | Describe | | | |
| | | Г | | | |
| Officia | al Form | 106A/B | | Schedule A/B: Property | page 6 |

| Debtor 1 | Samira N Sutton | Case number (if known) | |
|---------------------------|---|---------------------------------------|-----|
| 42. Intere | sts in partnerships or joint ventures | | |
| □ No | | | |
| | . Give specific information about them | % of ownership: | |
| | , | · % | |
| | | | |
| 43. Custo □ No. | mer lists, mailing lists, or other compilations | | |
| | our lists include personally identifiable information (as defined in 11 U.S.C. § 10 | 01(41A))? | |
| | □No | | |
| | ☐ Yes. Describe | | |
| | | | |
| | <u> </u> | | |
| 44. Any b | usiness-related property you did not already list | | |
| □ No | | | |
| ☐ Yes. | . Give specific information | | |
| | | | |
| | | | |
| | | | |
| | the dollar value of all of your entries from Part 5, including any entri | | |
| | | | |
| | | | |
| | escribe Any Farm- and Commercial Fishing-Related Property You Own or Hav you own or have an interest in farmland, list it in Part 1. | re an Interest In. | |
| | | | |
| | ou own or have any legal or equitable interest in any farm- or comme o. Go to Part 7. | rcial fishing-related property? | |
| | s. Go to line 47. | | |
| ☐ Ye | s. Go to line 47. | Current value of th | е |
| | | portion you own? Do not deduct secur | rad |
| | | claims or exemption | |
| 47. Farm a | animals | | |
| | nples: Livestock, poultry, farm-raised fish | | |
| □ No | | | |
| | | | |
| | | | |
| | L | | |
| 48. Crops | -either growing or harvested | | |
| □ No | | | |
| ☐ Yes. | . Give specific information | | |
| | | | |
| _ | | | |
| 49. Farm a | and fishing equipment, implements, machinery, fixtures, and tools of | of trade | |
| □ No | | | |
| ☐ Yes. | | | |
| | | | |

50. Farm and fishing supplies, chemicals, and feed

Schedule A/B: Property page 7 Official Form 106A/B

| Debt | tor 1 Samira N Su | tton | | Case number (if known) | |
|--------------|--|--|-----------------------|------------------------------|-------------|
| | l No | | | | |
| | l Yes | | | | |
| | 1 | | | | |
| | Ĺ | | | | |
| 51. A | Any farm- and comme | cial fishing-related property you did not | t already list | | |
| _ | 1 | | | | |
| | l No l Yes. Give specific info | ermation | | | |
| _ | res. Give specific fillo | imation | | | |
| | | | | | - |
| 52. | | of all of your entries from Part 6, including the series of the series o | | | |
| Part | 7: Describe All Pro | perty You Own or Have an Interest in That Yo | ou Did Not List Above | | |
| | Examples: Season ticked I No I Yes. Give specific info | Residential Lease 18244 Ferguson Detroit, MI 48235 | | | \$0.00 |
| 54. | | of all of your entries from Part 7. Write th | nat number here | | \$0.00 |
| | | te, line 2 | | | \$0.00 |
| | Part 2: Total vehicles | , | \$500.00 | | φυ.υυ |
| | | I and household items, line 15 | \$3,390.00 | | |
| | Part 4: Total financia | | \$6,651.00 | | |
| | | s-related property, line 45 | \$0.00 | | |
| | | d fishing-related property, line 52 | \$0.00 | | |
| | | operty not listed, line 54 | \$0.00 | | |
| | • | rty. Add lines 56 through 61 | \$10,541.00 | Copy personal property total | \$10,541.00 |
| 63. | Total of all property of | on Schedule A/B. Add line 55 + line 62 | | | \$10,541.00 |

| Debtor 1 | Samira N Sutton | | | |
|---------------------|--------------------------|--------------------|-------------|--------------------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | PF MICHIGAN | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is ar amended filing |

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Pro | perty You Claim as Exempt |
|--------------------------|---------------------------|
|--------------------------|---------------------------|

| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | | | | |
|----|--|--------------------------------------|-----|---|------------------------------------|--|--|--|
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | |
| | 1969 Oldsmobile Cutlass not running | \$500.00 | | \$500.00 | 11 U.S.C. § 522(d)(2) | | | |
| | Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Household goods Line from Schedule A/B: 6.1 | \$2,000.00 | | \$2,000.00 | 11 U.S.C. § 522(d)(3) | | | |
| | Line Holli Schedule PAB. 0.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Electronics Line from Schedule A/B: 7.1 | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(3) | | | |
| | Line nom Schedule AVB. 111 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Apparel approx. Line from Schedule A/B: 11.1 | \$190.00 | | \$190.00 | 11 U.S.C. § 522(d)(3) | | | |
| | Ellie Holli Gerleddie PAB. 1111 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Jewelry Line from Schedule A/B: 12.1 | \$200.00 | | \$200.00 | 11 U.S.C. § 522(d)(4) | | | |
| | LINE HOITI SCHEUUIE PVD. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
|---|--------------------------------------|---------|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| Cash Line from <i>Schedule A/B</i> : 16.1 | \$57.00 | | \$57.00 | 11 U.S.C. § 522(d)(5) |
| Life from Schedule AVB. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking and Savings: Fifth Third Line from Schedule A/B: 17.1 | \$215.00 | | \$215.00 | 11 U.S.C. § 522(d)(5) |
| Line Holli Schedule AVD. 1111 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking and Savings: Huntington Bank | \$117.00 | | \$117.00 | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking and Savings: Navy Federal C.U. | \$375.00 | | \$375.00 | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: 17.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| Federal and State: 2019 Tax reunds Line from Schedule A/B: 28.1 | \$4,000.00 | | \$4,000.00 | 11 U.S.C. § 522(d)(5) |
| Line Ironi S <i>criedule A/b.</i> 20.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Term Line from Schedule A/B: 31.1 | \$0.00 | | \$0.00 | 11 U.S.C. § 522(d)(7) |
| Line Ironi S <i>criedule A/B.</i> 31.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Garnisheed wages Line from Schedule A/B: 35.1 | \$1,587.00 | | \$1,587.00 | 11 U.S.C. § 522(d)(5) |
| Line from Scriedule A/B. 33.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| HSA approx. | \$300.00 | | \$300.00 | 11 USC 541 |
| Line from <i>Schedule A/B</i> : 35.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Are you claiming a homestead exemption of (Subject to adjustment on 4/01/22 and every 3 | | | led on or after the date of adjustme | nt.) |
| Yes. Did you acquire the property covere | ed by the exemption wi | ithin 1 | ,215 days before you filed this case | ? |
| □ No □ Yes | | | | |

| Fill in this informatio | n to identify you | r case: | | | |
|---|----------------------|---|--|--|--------------------------|
| | amira N Suttor | 1 | | | |
| | st Name | Middle Name Last Name | | | |
| Debtor 2 (Spouse if, filing) Fir | st Name | Middle Name Last Name | | | |
| | | | | | |
| United States Bankrup | tcy Court for the: | EASTERN DISTRICT OF MICHIGAN | | | |
| Case number | | | | | |
| (if known) | | | | | k if this is an |
| | | | | amen | ided filing |
| Official Form 10 | 06D | | | | |
| | | Who Have Claims Secur | od by Proporty | , | 40/45 |
| Scriedule D. | Creditors | Willo have Claims Secur | ed by Property | <u>/</u> | 12/15 |
| | | f two married people are filing together, both are out, number the entries, and attach it to this form | | | |
| number (if known). | donari age, ilirit c | out, number the entires, and attach it to this form | . On the top of any addition | ai pages, write your no | anie and case |
| 1. Do any creditors have | claims secured by | your property? | | | |
| ■ No. Check this | box and submit th | nis form to the court with your other schedules | . You have nothing else to | report on this form. | |
| ☐ Yes. Fill in all o | f the information b | pelow. | | | |
| | | | | | |
| Part 1: List All Sec | ured Claims | | | | |
| | | nore than one secured claim, list the creditor separa | | Column B | Column C |
| | | a particular claim, list the other creditors in Part 2. A cal order according to the creditor's name. | As Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1. | | Describe the property that secures the claim: | | | |
| Creditor's Name | | Describe the property that secures the claim. | | | _ |
| | | | | | |
| | | As of the date you file, the claim is: Check all that | | | |
| | | apply. | | | |
| Number Ctreet City (| State 9 Zin Code | Contingent | | | |
| Number, Street, City, S | State & ZIP Code | ☐ Unliquidated ☐ Disputed | | | |
| | | □ Disputed | | | |
| Who owes the debt? | Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | An agreement you made (such as mortgage or | | | |
| ☐ Debtor 2 only | | secured car loan) | | | |
| Debtor 1 and Debtor 2 | | ☐ Statutory lien (such as tax lien, mechanic's lien) |) | | |
| ☐ At least one of the dela ☐ Check if this claim re | | ☐ Judgment lien from a lawsuit☐ Other (including a right to offset) | | | |
| community debt | elates to a | Other (including a right to diset) | | | |
| Date debt was incurred | | Last 4 digits of account number | | | |
| | | | | | |
| Add the dollar value o | f your entries in Co | olumn A on this page. Write that number here: | | 1 | |
| If this is the last page | of your form, add | the dollar value totals from all pages. | | 1 | |
| Write that number her | e: | | | 1 | |

| Debtor 1 Samira N Sutton Print Name | | | | | | | | 1 | |
|--|----------------------------|---|---|---|--|--|---|---|--|
| Debtor 2 (Spause I, filing) First Name Middle Name Last Name | | in this inform | ation to identify your | case: | | | | 1 | |
| Debtor 2 Cospose First Name | Deb | tor 1 | | | | | | | |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN Case number Check if this is an amended filing | | | First Name | Middle Nam | e Last | Name | | | |
| Case number Check if this is an amended filing Check if this is a manual accuration of the debtors and another Check one Check if this is an amended filing Check if this is an amended filing Check if this is an amended filing and accuration of the feath of personal injury while you were intoxicated | | | First Name | Middle Nam | e Last | Name | | | |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Bas complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other part any executory contracts or chedule Afts. Property (Official Form 106A/B) and obselude 6: Executory Contracts and Unexpired Leases (Official Form 106A). Do not include any creditors with NONPRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other part specified by the part 1 for creditors and Unexpired Leases (Official Form 106A/B) and obselude 6: Executory Contracts and Unexpired Leases (Official Form 106A/B) and obselude 6: Executory Contracts and Unexpired Leases (Official Form 106A/B) and obselude 6: Executory Contracts and Unexpired Leases (Official Form 106A/B) and obselude 6: Executory Contracts and Unexpired Leases (Official Form 106A/B) and obselude 6: Executory Contracts and Unexpired Leases (Official Form 106A/B) and obselude 6: Executory Contracts and Unexpired Leases (Official Form 106A/B) and obselude 6: Executory Contracts and Unexpired Leases (Official Form 106A/B) and obselude 7: Executory Contracts on Schedule Afts. Property (Official Form 106A/B) and obselude 7: Executory Contracts on Schedule Afts. Property (Official Form 106A/B) and obselude 7: Executory Contracts on Schedule Afts. Property (Official Form 106A/B) and obselude 7: Executory Contracts on Schedule Afts. Property (Official Form 106A/B) and obselude 7: Executory Contracts on Schedule Afts. Property (Official Form 106A/B) and obselude 7: Executory Contracts on Schedule Afts. Property (Official Form 106A/B) and obselude 7: Executory Contracts on Schedule Afts. Property (Official Form 106A/B) and obselude 7: Executory Contracts on Schedule Afts. Property (Official Form 106A/B) and obselude 7: Executory Contracts on Schedule Afts. Property (Official Form 106A/B) and obselude 7: Executory Contracts on Schedule Afts. Property (Official Form 106A/B) and obselude 7: Executory Contracts | Unit | ed States Ban | kruptcy Court for the: | EASTERN DIS | STRICT OF MICHIGAN | ١ | | | |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Bas complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other part any executory contracts or chedule Afts. Property (Official Form 106A/B) and obselude 6: Executory Contracts and Unexpired Leases (Official Form 106A). Do not include any creditors with NONPRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other part specified by the part 1 for creditors and Unexpired Leases (Official Form 106A/B) and obselude 6: Executory Contracts and Unexpired Leases (Official Form 106A/B) and obselude 6: Executory Contracts and Unexpired Leases (Official Form 106A/B) and obselude 6: Executory Contracts and Unexpired Leases (Official Form 106A/B) and obselude 6: Executory Contracts and Unexpired Leases (Official Form 106A/B) and obselude 6: Executory Contracts and Unexpired Leases (Official Form 106A/B) and obselude 6: Executory Contracts and Unexpired Leases (Official Form 106A/B) and obselude 6: Executory Contracts and Unexpired Leases (Official Form 106A/B) and obselude 7: Executory Contracts on Schedule Afts. Property (Official Form 106A/B) and obselude 7: Executory Contracts on Schedule Afts. Property (Official Form 106A/B) and obselude 7: Executory Contracts on Schedule Afts. Property (Official Form 106A/B) and obselude 7: Executory Contracts on Schedule Afts. Property (Official Form 106A/B) and obselude 7: Executory Contracts on Schedule Afts. Property (Official Form 106A/B) and obselude 7: Executory Contracts on Schedule Afts. Property (Official Form 106A/B) and obselude 7: Executory Contracts on Schedule Afts. Property (Official Form 106A/B) and obselude 7: Executory Contracts on Schedule Afts. Property (Official Form 106A/B) and obselude 7: Executory Contracts on Schedule Afts. Property (Official Form 106A/B) and obselude 7: Executory Contracts on Schedule Afts. Property (Official Form 106A/B) and obselude 7: Executory Contracts | O | | | | | | | | |
| Be as complete and accurate as possible, Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other part my executory contracts or workpried leases that could result in a claim. Also list executory contracts on Schedule AlB: Property (Official Form 106/B) and oschedule G: Executory Contracts and Unexpired Leases (Official Form 106/G). Do not include any creditors with partially secured claims that are listed in inchedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the fit. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write you ame and case number (if known). Part 15 List All I of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Part 15 List All of Your Priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim is is. If a creditor has more than one priority unsecured claims, lid out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority Nonprior | | | | | | | | _ | |
| List All of Your PRIORITY Unsecured Claims | Schany e Schee Schee | complete and executory control dule G: Executo dule D: Creditor track the Conti | F: Creditors W accurate as possible. Us acts or unexpired leases ory Contracts and Unexp rs Who Have Claims Sec nuation Page to this page | e Part 1 for credi that could result ired Leases (Offic ured by Property | ors with PRIORITY clair in a claim. Also list exe ial Form 106G). Do not If more space is neede | ns and Part 2 fo cutory contract include any cre d, copy the Part | ts on Schedule A/B: I editors with partially s t you need, fill it out, | Property (Official For secured claims that a number the entries i | ist the other party m 106A/B) and on are listed in n the boxes on the |
| 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. | | | , | secured Claim | <u>.</u> | | | | |
| No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority amo nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim** Priority amount** **Nonpriority amount* | | | | | | | | | |
| List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you were more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim | | | | a olamio agamor | ,04. | | | | |
| List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you were more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim | | ■ Voo | ·· · | | | | | | |
| Michigan Department of Treasury Priority Creditor's Name Collection/Bankruptcy Unit P.O. Box 30168 Lansing, MI 48909 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 anly At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Last 4 digits of account number 7297 \$388.55 \$0. As 4 digits of account number 7297 \$388.55 \$0. 2016-2017 When was the debt incurred? 2016-2017 As of the date you file, the claim is: Check all that apply Unliquidated Unliquidated Debtor 1 only Domestic support obligations Taxes and certain other debts you owe the government Is the claim subject to offset? Claims for death or personal injury while you were intoxicated | i I | dentify what type possible, list the Part 1. If more th | e of claim it is. If a claim ha claims in alphabetical orde an one creditor holds a pa | as both priority and er according to the articular claim, list t | nonpriority amounts, list to creditor's name. If you han the other creditors in Part | hat claim here a ve more than tw 3. | and show both priority a to priority unsecured cl | and nonpriority amoun aims, fill out the Conti | ts. As much as nuation Page of |
| Priority Creditor's Name Collection/Bankruptcy Unit P.O. Box 30168 Lansing, MI 48909 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? 2016-2017 Check all that apply Contingent Unliquidated Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated | | l | | | | | | | |
| Collection/Bankruptcy Unit P.O. Box 30168 Lansing, MI 48909 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? 2016-2017 As of the date you file, the claim is: Check all that apply Contingent Contingent Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated | 2.1 | | | easury Last | 4 digits of account nun | ber <u>7297</u> | \$388.55 | \$388.55 | \$0.0 |
| Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt ls the claim subject to offset? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated | | Collection | n/Bankruptcy Unit | Whe | n was the debt incurred | ? 2016-20 |)17 | - | |
| Who incurred the debt? Check one. □ Debtor 1 only □ Unliquidated □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated | | | | | | | | | |
| □ Debtor 1 only □ Unliquidated □ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only □ Type of PRIORITY unsecured claim: □ At least one of the debtors and another □ Domestic support obligations □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated | | | | | - | laim is: Check a | all that apply | | |
| □ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: □ At least one of the debtors and another □ Domestic support obligations □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated | | | | □ (| ontingent | | | | |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated | | | | | nliquidated | | | | |
| ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated | | Debtor 2 on | ly | | • | | | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated | | | | | CODIADITY | | | | |
| Is the claim subject to offset? | | ☐ Debtor 1 an | d Debtor 2 only | | | | | | |
| <u> </u> | | | • | | | | | | |
| ■ No □ Other. Specify | | At least one | of the debtors and another | er 🗆 🗀 | omestic support obligation | ns | government | | |
| | | ☐ At least one☐ Check if th | of the debtors and another is claim is for a commun | er | omestic support obligatio | ns bts you owe the | - | | |

| ebtor 1 Samira N Sutton | | Case numb | er (if known) | | |
|---|--|--|---|---|---------------------------|
| Michigan Department of Treasury Priority Creditor's Name | Last 4 digits of account number | 7297 | \$288.62 | \$288.62 | \$0.0 |
| Collection/Bankruptcy Unit | When was the debt incurred? | 2016-2017 | | | |
| P.O. Box 30168 | | | | | |
| Lansing, MI 48909 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that | t apply | | |
| Who incurred the debt? Check one. | ☐ Contingent | | | | |
| ■ Debtor 1 only | ☐ Unliquidated | | | | |
| Debtor 2 only | ☐ Disputed | | | | |
| ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | im: | | | |
| ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| ☐ Check if this claim is for a community debt | Taxes and certain other debts y | ou owe the gove | rnment | | |
| Is the claim subject to offset? | ☐ Claims for death or personal inj | ŭ | | | |
| ■ No | Other. Specify | , , , , , , | | | |
| ☐Yes | City of Det | roit | | | |
| No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the | this form to the court with your other s | who holds each | | | |
| · | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify when the creditor with the court with your other seals with the creditor with the court with your other seals with the creditor with | who holds each nat type of claim i | t is. Do not list claims | already included in Pa | on Page of |
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| No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2. Avant Llc/web Bank Nonpriority Creditor's Name 222 N. Lasalle St Chicago, IL 60601 Number Street City State Zip Code | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify when creditors in Part 3.If you have more to the creditors of account number 1. | who holds each nat type of claim i han three nonprio er 6980 Opened 7/22/19 | t is. Do not list claims ority unsecured claims 01/19 Last Acti | already included in Pa fill out the Continuation Total clai | irt 1. If more on Page of |
| □ No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Avant Llc/web Bank Nonpriority Creditor's Name 222 N. Lasalle St Chicago, IL 60601 | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.If you have more to the Last 4 digits of account number When was the debt incurred? | who holds each nat type of claim i han three nonprio er 6980 Opened 7/22/19 | t is. Do not list claims ority unsecured claims 01/19 Last Acti | already included in Pa fill out the Continuation Total clai | irt 1. If more on Page of |
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| | Samira N Sutton | | Case number (if known) | |
|----|--|---|---|----------|
| .2 | Capital One Bank Usa N Nonpriority Creditor's Name | Last 4 digits of account number | 0296 | \$429.00 |
| | Po Box 30281 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 06/17 Last Active 8/05/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| .3 | Capital One Bank Usa N | Last 4 digits of account number | 8814 | \$271.00 |
| | Nonpriority Creditor's Name | | Opened 06/19 Last Active | |
| | Po Box 30281 Salt Lake City, UT 84130 | When was the debt incurred? | 8/05/19 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d alaim. | |
| | At least one of the debtors and another | Student loans | u ciaiiii. | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4 | Comenitybank/victoria | Last 4 digits of account number | 5941 | \$121.00 |
| | Po Box 182789 | When was the debt incurred? | Opened 05/19 Last Active 8/04/19 | |
| | Columbus, OH 43218 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | _ ' | | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Charge Acc | count | |

| Debto | Samira N Sutton | | Case number (if known) | | |
|-------|--|--|---|------------|--|
| 4.5 | Credit One Bank Na Nonpriority Creditor's Name | Last 4 digits of account number | 1949 | \$1,116.00 | |
| | Po Box 98872 Las Vegas, NV 89193 | When was the debt incurred? | Opened 03/18 Last Active 8/04/19 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | |
| | Yes | Other. Specify Credit Card | 1 | | |
| 4.6 | Dept Of Education/neln | Last 4 digits of account number | 1599 | \$4,435.00 | |
| | Nonpriority Creditor's Name Po Box 82561 Lincoln, NE 68501 | When was the debt incurred? | Opened 10/09 Last Active 7/31/19 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify | Other. Specify | | |
| | | Educational | | | |
| .7 | Dept Of Education/neln Nonpriority Creditor's Name | Last 4 digits of account number | 7699 | \$4,103.00 | |
| | Po Box 82561 Lincoln, NE 68501 | When was the debt incurred? | Opened 11/18 Last Active 7/31/19 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community debt | Student loans Obligations arising out of a sens | aration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify | | | |
| | | Educationa | ıl | | |

| Debto | r 1 Samira N Sutton | Case number (if known) | | | | |
|----------|---|--|-------------------------|--------------------------|------------|--|
| 4.8 | Dept Of Education/neln | Last 4 digits of account number | 0599 | | \$3,966.00 | |
| | Nonpriority Creditor's Name Po Box 82561 Lincoln, NE 68501 | When was the debt incurred? | Opened 03/14 7/31/19 | Last Active | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that appl | ly | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | d alaim. | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured Student loans | d Ciaiiii. | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or c | divorce that you did not | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other sir | nilar debts | | |
| | ☐ Yes | Other. Specify | | | | |
| | | Educationa | ıl | | | |
| 4.9 | Dept Of Education/neln Nonpriority Creditor's Name | Last 4 digits of account number | 4299 | | \$3,495.00 | |
| | Po Box 82561 Lincoln, NE 68501 | When was the debt incurred? | Opened 02/09 7/31/19 | Last Active | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that appl | у | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured Student loans | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Student loans Obligations arising out of a separeport as priority claims | ration agreement or o | divorce that you did not | | |
| | No | Debts to pension or profit-sharing | | | | |
| | Yes | ☐ Other. Specify | | | | |
| | | Educational | | | | |
| 4.1 0 | Dept Of Education/neln | Last 4 digits of account number | 9799 | | \$2,724.00 | |
| | Nonpriority Creditor's Name Po Box 82561 Lincoln, NE 68501 | When was the debt incurred? | Opened 05/11 7/31/19 | Last Active | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that appl | ly | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ✓ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other sir | nilar debts | | |
| | Yes | ☐ Other. Specify | | | | |
| | | Educations | | | | |

| Samira N Sutton | | Case number (if known) | |
|--|--|---|------------|
| Dept Of Education/neln Nonpriority Creditor's Name | Last 4 digits of account number | 1699 | \$2,556.00 |
| Po Box 82561 Lincoln, NE 68501 | When was the debt incurred? | Opened 11/09 Last Active 7/31/19 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| | Educationa | ıl | |
| Dept Of Education/neln Nonpriority Creditor's Name | Last 4 digits of account number | 7199 | \$2,024.00 |
| Po Box 82561 Lincoln, NE 68501 | When was the debt incurred? | Opened 09/11 Last Active 7/31/19 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | • | a contract and apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| | Educationa | ıl | |
| Dept Of Education/neln Nonpriority Creditor's Name | Last 4 digits of account number | 1799 | \$1,267.00 |
| Po Box 82561 Lincoln, NE 68501 | When was the debt incurred? | Opened 06/10 Last Active 7/31/19 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? — | report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |

| Samira N Sutton | | Case number (if known) | |
|---|---|---|------------|
| Dept Of Education/neln Nonpriority Creditor's Name | Last 4 digits of account number | 7899 | \$962.0 |
| Po Box 82561 Lincoln, NE 68501 | When was the debt incurred? | Opened 06/09 Last Active 7/31/19 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | _ | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| | Educationa | ıl | |
| FBCS Inc. Nonpriority Creditor's Name | Last 4 digits of account number | 7183 | \$1,300.00 |
| 330 S. Warminster RD. Ste. 353 | When was the debt incurred? | 7/2010 | |
| Hatboro, PA 19040 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Beaumont | | |
| Fifth Third Bank | Last 4 digits of account number | 6677 | \$271.00 |
| Nonpriority Creditor's Name | _ | | <u> </u> |
| 5050 Kingsley Dr Cincinnati, OH 45263 | When was the debt incurred? | Opened 03/18 Last Active 8/15/19 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharin | | |
| Yes | Other. Specify Credit Line | Secured | |

Official Form 106 E/F

| First National Collection Bureau | Last 4 digits of account number | 5306 | \$1,481.39 |
|--|---|--|------------|
| Nonpriority Creditor's Name PO Box 1259 Police BA 10456 | When was the debt incurred? | | |
| Daks, PA 19456 Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | , | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| lebt s the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| - No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| First Premier Bank | Last 4 digits of account number | 1858 | \$1,051.00 |
| Nonpriority Creditor's Name | _ | | |
| 3820 N Louise Ave Sioux Falls, SD 57107 | When was the debt incurred? | Opened 05/16 Last Active 8/05/19 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| lebt s the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Credit Card | | |
| _VNV Funding | Last 4 digits of account number | 5306 | \$1,481.89 |
| Nonpriority Creditor's Name P.O. Box 10497 | When was the debt incurred? | | · |
| Greenville, SC 29603 | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| _ | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | l claim: | |
| At least one of the debtors and another | Student loans | | |
| ☐ Check if this claim is for a community debt s the claim subject to offset? | | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □ Yes | ■ Other. Specify Citizens | - • | |

| 1 Samira N Sutton | | | |
|--|--|---|-----------|
| Merchants & Medcal | Lord A Policy of a control of a control | 8565 | ¢1 961 0 |
| Nonpriority Creditor's Name | Last 4 digits of account number | 6303 | \$1,861.0 |
| 6324 Taylor Dr Flint, MI 48507 | When was the debt incurred? | Opened 10/13 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | ■ Other. Specify Apts | Attorney Meadowbrook Village | |
| Merrick Bank Corp | Last 4 digits of account number | 1630 | \$1,437.0 |
| Nonpriority Creditor's Name | | Opened 05/18 Last Active | |
| Po Box 9201 | When was the debt incurred? | 6/22/19 | |
| Old Bethpage, NY 11804 Number Street City State Zip Code | As of the date you file, the claim i | is: Chack all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim | s. Offect all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | ☐ Debts to pension or profit-sharin | | |
| Yes | Other. Specify Credit Card | <u> </u> | |
| Michigan First Credit Union | Last 4 digits of account number | 2893 | \$2,521. |
| Nonpriority Creditor's Name c/o Holzman Law 28366 Franklin Rd. | When was the debt incurred? | 2019 | |
| Southfield, MI 48034 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | , to or the date you me, the claim. | o. Chook an ana appry | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Judgment | | |

| Samira N Sutton | | Case number (if known) | |
|--|--|---|-----------|
| Michigan First Co. | | 0004 | ¢4 400 0 |
| Michigan First Cu Nonpriority Creditor's Name | Last 4 digits of account number | | \$1,486.0 |
| • | | Opened 08/14 Last Active | |
| 27000 Evergreen Rd Southfield, MI 48076 | When was the debt incurred? | 9/27/16 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Automobile | • | |
| | | | |
| Michigan First Cu | Last 4 digits of account number | 0003 | \$846.0 |
| Nonpriority Creditor's Name | | Opened 06/16 Last Active | |
| 27000 Evergreen Rd Southfield, MI 48076 | When was the debt incurred? | 9/23/16 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Unsecured | | |
| | | | |
| Midland Funding LLC Nonpriority Creditor's Name | Last 4 digits of account number | 1397 | \$669.0 |
| c/o Weltman, Weinberg & Reis CO., | When was the debt incurred? | 2016 | |
| LPA | | | |
| 2155 Butterfield Dr. Ste. 200-S | | | |
| Troy, MI 48084 | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | Пол | | |
| _ | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| At least one of the debtors and another | Student loans | w viaintii | |
| ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | manor agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □Yes | ■ Other. Specify Judgment | | |
| | - Other, Specify | | |

Official Form 106 E/F

| Nordstrom/td Bank Usa | Last 4 digits of account number | 0960 | \$778.0 |
|--|---|--|---------|
| Nonpriority Creditor's Name | _ | 0 10047 1 1 1 | |
| 13531 E. Caley Ave Englewood, CO 80111 | When was the debt incurred? | Opened 06/17 Last Active 6/26/19 | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Credit Card | | |
| Opploans/finwise | Last 4 digits of account number | 7245 | \$978.0 |
| Nonpriority Creditor's Name | _ | | |
| 11 E. Adams Chicago, IL 60603 | When was the debt incurred? | Opened 06/19 Last Active 7/31/19 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Unsecured | | |
| Portfolio Recov Assoc | Last 4 digits of account number | 3835 | \$337.0 |
| Nonpriority Creditor's Name 120 Corporate Blvd Ste 100 | When was the debt incurred? | Opened 02/15 | |
| Norfolk, VA 23502 Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | _ | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | Lalaima | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured Student loans | ı cıaım: | |
| ☐ Check if this claim is for a community debt | _ | and the second s | |
| s the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | | | |

Official Form 106 E/F

| Debtor | 1 Samira N Sutton | Ta N Sutton Case number (if known) | | | | |
|----------|---|---|--|-------------|--|--|
| 4.2 9 | Santander Consumer Usa | Last 4 digits of account number | 1000 | \$23,940.00 | | |
| | Nonpriority Creditor's Name Po Box 961245 Ft Worth, TX 76161 | When was the debt incurred? | Opened 04/17 Last Active 6/10/19 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sena | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | nation agreement of divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify Automobile | 3 | | | |
| 4.3 | Security Credit Servic | Last 4 digits of account number | 7475 | \$960.00 | | |
| | Nonpriority Creditor's Name 2653 W Oxford Loop Oxford, MS 38655 | When was the debt incurred? | Opened 05/18 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | |
| | No | Debts to pension or profit-sharin | | | | |
| | Yes | Other. Specify Collection | Attorney Tempoe Llc | | | |
| 4.3 | Transworld Systems Nonpriority Creditor's Name | Last 4 digits of account number | 8690 | \$38.00 | | |
| | 2135 E. Primrose | When was the debt incurred? | 2018 | | | |
| | Suite Q Springfield, MO 65804 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | Debtor 1 only | Пол | | | | |
| | | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | | |
| | At least one of the debtors and another | Student loans | a vidiiii. | | | |
| | ☐ Check if this claim is for a community debt | <u> </u> | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | nation agreement of divolce that you did not | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | □Yes | ■ Other. Specify Beaumont | | | | |
| | | - Other Openin | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|-----------------------|-----|--|------------|----------|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 677.17 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 677.17 |
| | | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ | 25,532.00 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that | 6~ | \$ | 0.00 |
| | 6h. | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6g. 6h. | \$ \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount | 6i. | Φ | |
| | Oi. | here. | OI. | \$ | 43,708.18 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 69,240.18 |

| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|--------------------|-------------|--------------------------------------|
| Debtor 1 | Samira N Sutton | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | DF MICHIGAN | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Joshua Israel
600 Chandler St.
Detroit, MI 48208

State what the contract or lease is for
residential lease

| Fill in this in | formation to identify your | case. | | |
|-----------------------------------|---|---|--|--|
| Debtor 1 | Samira N Sutton | case. | | |
| DCDIOI 1 | First Name | Middle Name | Last Name | |
| Debtor 2 | First Name | Middle None | Lost Name | |
| (Spouse if, filing) | | Middle Name | Last Name | |
| United States | Bankruptcy Court for the: | EASTERN DISTRICT OF M | IICHIGAN | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Official F | Form 106H | | | |
| | le H: Your Cod | ahtors | | 12/15 |
| ocneda | ie II. Tour Gou | CDIOIS | | 12/13 |
| ■ No □ Yes 2. Within Arizona, | the last 8 years, have you California, Idaho, Louisiana, o to line 3. | you are filing a joint case, do r I lived in a community prope Nevada, New Mexico, Puerto use, or legal equivalent live wit | erty state or territory? Rico, Texas, Washing | ? (Community property states and territories include |
| | No Yes. | | | |
| | In which community state | e or territory did you live? | | Fill in the name and current address of that person. |
| | City | State | Zip Code | |
| in line 2 Form 100 out Colu | again as a codebtor only i 6D), Schedule E/F (Official | f that person is a guarantor Form 106E/F), or Schedule | or cosigner. Make su | f your spouse is filing with you. List the person shown are you have listed the creditor on Schedule D (Officia G). Use Schedule D, Schedule E/F, or Schedule G to fill Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line |
| Nar | me | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| Nur | mber Street | | | |
| City | | State | ZIP Code | |
| | | | | |
| 3.2 | | | | ☐ Schedule D, line |
| Nar | ne | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| Nur | mber Street | | | |
| City | • | State | ZIP Code | |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1 Schedule H: Your Codebtors Page 1 of 1 Best Case, LLC - www.bestcase.com Page 1 of 1 Entered 09/27/19 13:37:15 Page 35 of 56

| | in this information to identify your c | | | |
|--------------------------|---|--|--|--|
| Del | otor 1 Samira N Su | ıtton | | |
| | otor 2 Juse, if filing) | | | |
| Uni | ted States Bankruptcy Court for the | EASTERN DISTRICT | OF MICHIGAN | |
| _ | se number lown) | | - | Check if this is: An amended filling A supplement showing postpetition chapted that income an of the following date: |
| 0 | fficial Form 106l | | | 13 income as of the following date: MM / DD/ YYYY |
| S | shadula li Varir lina | | | |
| sup spo atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. | sible. If two married peo are married and not fili or spouse is not filing w | ng jointly, and your spouse is livin ith you, do not include information | nd Debtor 2), both are equally responsible fo g with you, include information about your about your spouse. If more space is needed ase number (if known). Answer every quest |
| sup spo atta | ns complete and accurate as pos- plying correct information. If you use. If you are separated and you | sible. If two married peo are married and not fili or spouse is not filing w | ng jointly, and your spouse is livin ith you, do not include information | nd Debtor 2), both are equally responsible fo g with you, include information about your about your spouse. If more space is needed |
| sup spo atta Pa | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment Fill in your employment | sible. If two married peo are married and not fili Ir spouse is not filing w On the top of any additi | ng jointly, and your spouse is livin ith you, do not include information onal pages, write your name and c | nd Debtor 2), both are equally responsible fo g with you, include information about your about your spouse. If more space is needed ase number (if known). Answer every quest |
| sup spo atta Pa | as complete and accurate as possiblying correct information. If you use. If you are separated and you che a separate sheet to this form. T1: Describe Employment information. | sible. If two married peo are married and not fili or spouse is not filing w | ng jointly, and your spouse is livin ith you, do not include information onal pages, write your name and control on the pages of the pa | nd Debtor 2), both are equally responsible fo g with you, include information about your about your spouse. If more space is needed ase number (if known). Answer every quest |
| sup spo atta Pa | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The Describe Employment information. If you have more than one job, attach a separate page with | sible. If two married peo are married and not fili Ir spouse is not filing w On the top of any additi | ng jointly, and your spouse is livin ith you, do not include information onal pages, write your name and complete the page of | Debtor 2), both are equally responsible for g with you, include information about your about your spouse. If more space is needed as e number (if known). Answer every quest Debtor 2 or non-filing spouse |
| sup spo atta Pa | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The Describe Employment information. If you have more than one job, attach a separate page with information about additional | sible. If two married peo are married and not fili ir spouse is not filing w On the top of any additi | ng jointly, and your spouse is livin ith you, do not include information onal pages, write your name and conceptor 1 Employed Not employed | Debtor 2), both are equally responsible for g with you, include information about your about your spouse. If more space is needed as a number (if known). Answer every quest Debtor 2 or non-filing spouse Employed Not employed |
| sup spo atta Pa | as complete and accurate as possiblying correct information. If you use. If you are separated and you che a separate sheet to this form. The describe Employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or | sible. If two married peo are married and not fili ir spouse is not filing w On the top of any additi Employment status | pig jointly, and your spouse is livin ith you, do not include information onal pages, write your name and complete the policy of | Debtor 2), both are equally responsible for g with you, include information about your about your spouse. If more space is needed as a number (if known). Answer every quest Debtor 2 or non-filing spouse Employed Not employed |
| sup spo atta Pa | Is complete and accurate as possiblying correct information. If you use. If you are separated and you che a separate sheet to this form. The Describe Employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student | sible. If two married peo are married and not filing ir spouse is not filing w On the top of any additi Employment status Occupation Employer's name | Debtor 1 Employed Demonstrate Remarks Remark | Debtor 2), both are equally responsible for g with you, include information about your about your spouse. If more space is needed as a number (if known). Answer every quest Debtor 2 or non-filing spouse Employed Not employed |

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 2. 2,570.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 583.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. \$ 3,153.00 0.00

| | | | For I | Debtor 1 | For Debtor | |
|-----|---|--------|-------|-------------|------------|-------------------------|
| | Copy line 4 here | 4. | \$ | 3,153.00 | \$ | 0.00 |
| 5. | List all payroll deductions: | | | | | |
| | 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ | 398.00 | \$ | 0.00 |
| | 5b. Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | 0.00 |
| | 5c. Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | 0.00 |
| | 5d. Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | 0.00 |
| | 5e. Insurance | 5e. | \$ | 112.00 | \$ | 0.00 |
| | 5f. Domestic support obligations | 5f. | \$ | 0.00 | \$ | 0.00 |
| | 5g. Union dues | 5g. | \$ | 0.00 | \$ | 0.00 |
| | 5h. Other deductions. Specify: HSA | 5h.+ | \$ | 82.00 | + \$ | 0.00 |
| 6. | Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 592.00 | \$ | 0.00 |
| 7. | Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,561.00 | \$ | 0.00 |
| 8. | List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | 0.00 |
| | 8b. Interest and dividends | 8b. | \$ | 0.00 | \$ | 0.00 |
| | 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | 0.00 |
| | 8d. Unemployment compensation | 8d. | \$ | 0.00 | \$ | 0.00 |
| | 8e. Social Security | 8e. | \$ | 0.00 | \$ | 0.00 |
| | 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food assistance | 8f. | \$ | 490.00 | \$ | 0.00 |
| | 8g. Pension or retirement income | 8g. | \$ | 0.00 | \$ | 0.00 |
| | 8h. Other monthly income. Specify: | 8h.+ | \$ | 0.00 | + \$ | 0.00 |
| 9. | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 490.00 | \$ | 0.00 |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 0. \$ | 3 | \$,051.00 + | 0.00 | = \$ 3,051.00 |
| 11. | State all other regular contributions to the expenses that you list in <i>Schedule</i> . Include contributions from an unmarried partner, members of your household, your other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not a Specify: | depend | | • | | |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The result write that amount on the Summary of Schedules and Statistical Summary of Certain applies | | | | | \$3,051.00 |
| 13. | Do you expect an increase or decrease within the year after you file this form? | , | | | | Combined monthly income |
| | No. | | | | | 1 |
| | Yes. Explain: Husband returned to school and currently is not v | worki | ng. | | | |

| Fill | in this informa | ition to identify yo | our case: | | | | | |
|------|---|--|------------------------|---|--|------------------|--|---|
| | otor 1 | Samira N Su | | | | Chec | k if this is: | |
| | | Odmina IV Od | ittori | | | | An amended filing | |
| | otor 2 ouse, if filing) | | | | | | A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| Unit | ted States Bankr | ruptcy Court for the | : EASTE | RN DISTRICT OF MICHIG | SAN | - | MM / DD / YYYY | |
| | se number nown) | | | | | | | |
| | | orm 106J | _ | | | | | |
| | | J: Your | | ISES . If two married people ar | e filing together he | oth are equi | ally responsible fo | 12/15 |
| info | ormation. If m | | eded, atta | ch another sheet to this | | | | |
| Par | t 1: Descr | ribe Your House | ehold | | | | | |
| ٠. | ■ No. Go to | line 2. | | | | | | |
| | ☐ Yes. Doe | | in a separ | ate household? | | | | |
| | = | - | st file Offici | al Form 106J-2, <i>Expenses</i> | s for Separate House | hold of Debt | tor 2. | |
| 2. | Do you have | e dependents? | □ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state | | | | 0 | | • | □ No |
| | dependents | names. | | | Son | | 2 | ■ Yes □ No |
| | | | | | Son | | 3 | ■ Yes |
| | | | | | Daughter | | 4 | □ No ■ Yes |
| | | | | | Daaginoi | | | □ No |
| 2 | De veur evr | annon ingludo | | | Son | | 8 | Yes |
| 3. | expenses o | penses include f people other t d your depende | han $_{\square}$ | No Yes | | | | |
| Est | imate your ex | | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | lude expense value of sucl ficial Form 10 | h assistance an | non-cash d have ind | government assistance i luded it on <i>Schedule I:</i> \ | f you know Your Income | | Your expe | enses |
| 4. | | or home owners | | ses for your residence. I | nclude first mortgage | e 4. \$ | | 925.00 |
| | If not includ | led in line 4: | - | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | | 0.00 |
| | 4b. Prope | rty, homeowner's | | | | 4b. \$ | | 0.00 |
| | | maintenance, reconner's associat | | ipkeep expenses | | 4c. \$ 4d. \$ | | 0.00 |
| 5. | | | | our residence, such as ho | me equity loans | 5. \$ | | 0.00 |

Official Form 106J Schedule J: Your Expenses 19-53814-tjt Doc 1 Filed 09/27/19 Entered 09/27/19 13:37:15 Page 38 of 56

| | | case: | | |
|--|--|---------------------------|---|---|
| Debtor 1 | Samira N Sutton | | | |
| 5 1 6 | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| | | | | |
| Official For | m 106Dec | | | |
| Declarat | tion About a | an Individual | Debtor's Sched | ules 12/1 |
| | | - L - (L | | |
| t two married p | eople are filing togethe | r, both are equally respo | nsible for supplying correct info | rmation. |
| | | | | a false statement, concealing property, or |
| | y or property by fraud i 8 U.S.C. §§ 152, 1341, 1 | | ruptcy case can result in fines ι | up to \$250,000, or imprisonment for up to 20 |
| , | 0.0.0.33 .02, .0, . | 1010, and 00111 | | |
| | | | | |
| Sig | n Below | | | |
| Did vou pa | | | | |
| | ly or agree to pay some | one who is NOT an attor | ney to help you fill out bankrupt | cy forms? |
| | y or agree to pay some | eone who is NOT an attor | ney to help you fill out bankrupt | cy forms? |
| ■ No | | eone who is NOT an attor | ney to help you fill out bankrupt | |
| ■ No | ny or agree to pay some | eone who is NOT an attor | | cy forms? Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119 |
| ■ No | | | | Attach Bankruptcy Petition Preparer's Notice, |
| ■ No □ Yes. Under pena | Name of person | | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| ■ No □ Yes. Under penathat they ar | Name of person alty of perjury, I declare | | mary and schedules filed with th | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| ■ No □ Yes. Under penathat they ar X /s/ Sar Samira | Name of person alty of perjury, I declare true and correct. | | mary and schedules filed with th | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| ■ No □ Yes. Under penathat they ar X /s/ Sar Samira Signatur | Name of person alty of perjury, I declare true and correct. mira N Sutton a N Sutton | that I have read the sum | mary and schedules filed with th X Signature of Debtor 2 | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| ■ No □ Yes. Under penathat they ar X /s/ Sar Samira Signatur | Name of person alty of perjury, I declare true and correct. mira N Sutton a N Sutton are of Debtor 1 | that I have read the sum | mary and schedules filed with th X Signature of Debtor 2 | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) nis declaration and |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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| | the district of some | ······································ | | | | |
|------|----------------------------|--|---|---|---|---|
| | | ation to identify you | | | | |
| De | btor 1 | Samira N Suttor | Middle Name | Last Name | | |
| | btor 2 ouse if, filing) | First Name | Middle Name | Last Name | | |
| ` ' | | | | | | |
| Un | ited States Bani | kruptcy Court for the: | EASTERN DISTRICT OF | MICHIGAN | | |
| 1 | se number | | | | - | Check if this is an amended filing |
| | fficial For | | Affairs for Individ | duals Filing for B | ankruptcy | 4/19 |
| info | rmation. If mo | | attach a separate sheet to | | equally responsible for sup y additional pages, write yo | |
| Pa | rt 1: Give De | etails About Your Ma | arital Status and Where You | Lived Before | | |
| 1. | What is your | current marital statu | ıs? | | | |
| | Married | | | | | |
| | □ Not marri | ed | | | | |
| 2. | During the las | st 3 years, have you | lived anywhere other than | where you live now? | | |
| | □ No | | | | | |
| | Yes. List | all of the places you l | ived in the last 3 years. Do no | ot include where you live nov | ٧. | |
| | Debtor 1 Price | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | ldress: | Dates Debtor 2 lived there |
| | 2061 Selder Detroit, MI | | From-To: 2014 to 7/201 9 | ☐ Same as Debtor | 1 | ☐ Same as Debtor 1 From-To: |
| | No Yes. Mak | s include Arizona, Ca e sure you fill out Sca the Sources of You | lifornia, Idaho, Louisiana, Ne hedule H: Your Codebtors (Of I r Income | vada, New Mexico, Puerto R | nity property state or territor ico, Texas, Washington and V | Visconsin.) |
| ٠. | Fill in the total | amount of income yo | u received from all jobs and a have income that you receive | all businesses, including part | -time activities. | iluai years: |
| | □ No | | | | | |
| | ■ Yes. Fill i | n the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | f current year until for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$25,495.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Official Form 107

| Debtor 1 Samira N Sutton | | | | | Cas | Case number (if known) | | | |
|--------------------------|--------------------------------|---|---|---|--|--|--|---|--|
| | | | | | | | | | |
| | | | | Debtor 1 | | Debtor 2 | | | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc | | Gross income (before deductions and exclusions) | |
| | or last caler anuary 1 to | ndar year: December | 31, 2018) | ■ Wages, commissions, bonuses, tips | \$36,937.00 | ☐ Wages, conbonuses, tips | nmissions, | | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | | |
| | | dar year be December | | ■ Wages, commissions, bonuses, tips | \$35,730.00 | ☐ Wages, con bonuses, tips | nmissions, | | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | | |
| | and other winnings. List each | public bene If you are fil | fit payments; ing a joint cas the gross inco | er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separat | est; dividends; money collect you received together, list it c | ted from lawsuits only once under D | ; royalties; an ebtor 1. | | |
| | | | | Debtor 1 | | Debtor 2 | | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) | |
| Pa | art 3: Lis | t Certain Pa | yments You | Made Before You Filed for I | Bankruptcy | | | | |
| 6. | □ No. | Neither De individual During the No. Yes * Subject | 90 days befor Go to line 7 List below e paid that crunot include to adjustment or Debtor 2 or 90 days befor Go to line 7 List below e include pay | ach creditor to whom you pai editor. Do not include paymen payments to an attorney for the on 4/01/22 and every 3 years or both have primarily consure re you filed for bankruptcy, die ach creditor to whom you pai ments for domestic support of | Imer debts. Consumer debted purpose." If you pay any creditor a total d a total of \$6,825* or more into the form of the form | in one or more pa gations, such as co or after the date of all of \$600 or more | ore? yments and the hild support and adjustmente? you paid tha | the total amount you and alimony. Also, do t. | |
| | | | • | this bankruptcy case. | | | | , . | |
| | Creditor | 's Name and | d Address | Dates of payme | nt Total amount paid | Amount you still owe | Was this | payment for | |
| | | | | | | | | | |

| Del | btor 1 Samira N Sutton | | Cas | e number (if known) | | |
|-----|--|--|--|---|------------------------------------|---|
| 7. | Within 1 year before you filed for bank Insiders include your relatives; any gener of which you are an officer, director, pers a business you operate as a sole proprie alimony. | al partners; relatives of any genon in control, or owner of 20% of | neral partners; partne or more of their voting | erships of which yog g securities; and a | ou are a general ny managing ag | partner; corporations ent, including one for |
| | □ No■ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t | his payment |
| | Joshua Israel 600 Chandler St. Detroit, MI 48208 | monthly | \$925.00 | \$0.00 | rent | |
| 8. | Within 1 year before you filed for bank insider? Include payments on debts guaranteed of the No Yes. List all payments to an insider | | yments or transfer a | any property on a | ccount of a de | bt that benefited an |
| | Insider's Name and Address | Dates of payment | Total amount | Amount you | Reason for t | |
| | | | paid | still owe | Include credit | or's name |
| 9. | Within 1 year before you filed for bank List all such matters, including personal is modifications, and contract disputes. | | | | | |
| | Yes. Fill in the details. Case title Case number | Nature of the case | Court or agency | | Status of the | case |
| | Michigan First CU vs. Samira Sutton 19152893 | civil | 36th District Co 421 Madison Detroit, MI 482 | | ■ Pending □ On appea □ Conclude | |
| 10. | Within 1 year before you filed for bank Check all that apply and fill in the details | | erty repossessed, f | oreclosed, garnis | shed, attached, | seized, or levied? |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| | Michigan First | Explain what happene Wages | d | 2019 | | \$1,586.00 |
| | | ☐ Property was reposs ☐ Property was foreclo ■ Property was garnish ☐ Property was attache | sed. ned. | | | |
| | | — Froperty was attache | eu, seizeu ui ievieü. | | | |

| De | btor 1 Samira N Sutton | | Case number (if known) | | | | |
|-----|---|---------|---|---|-------------------------|--|--|
| | Creditor Name and Address | | Describe the Property | Date | Value of the property | | |
| | Santander Consumer Usa | | Explain what happened 2015 Ford Explorer | 8/2019 | \$0.00 | | |
| | Po Box 961245 Ft Worth, TX 76161 |] | ■ Property was repossessed. □ Property was foreclosed. □ Property was garnished. | | | | |
| | | [| ☐ Property was attached, seized or levied. | | | | |
| 11. | accounts or refuse to make a payment No | | y, did any creditor, including a bank or financial ins se you owed a debt? | stitution, set off any a | amounts from your | | |
| | Yes. Fill in the details. Creditor Name and Address | 1 | Describe the action the creditor took | Date action was taken | Amount | | |
| | T Yes List Certain Gifts and Contribution Within 2 years before you filed for ban No Yes. Fill in the details for each gift. Gifts with a total value of more than \$ per person | kruptcy | r, did you give any gifts with a total value of more to Describe the gifts | han \$600 per person Dates you gave the gifts | ? Value | | |
| | Person to Whom You Gave the Gift ar Address: | ıd | | | | | |
| 14. | Within 2 years before you filed for ban ■ No □ Yes. Fill in the details for each gift or | . , | v, did you give any gifts or contributions with a tota | al value of more than | \$600 to any charity? | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co | | Describe what you contributed | Dates you contributed | Value | | |
| Pa | rt 6: List Certain Losses | | | | | | |
| 15. | Within 1 year before you filed for bank or gambling? | ruptcy | or since you filed for bankruptcy, did you lose anyt | thing because of the | t, fire, other disaster | | |
| | No | | | | | | |
| | Yes. Fill in the details. | _ | | | | | |
| | Describe the property you lost and how the loss occurred | Inclu | cribe any insurance coverage for the loss de the amount that insurance has paid. List pending rance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | |

Debtor 1 Samira N Sutton Case number (if known)

| Par | t 7: List Certain Payments or Transfers | | | | | | | |
|--|---|--------------------------------------|----------------------------|----------------|--|---|--|--|
| 16. | 6. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. | | | | | | | |
| | □ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and v transferred | alue of any prope | rty | Date payment or transfer was made | Amount of payment | | |
| | John A. Steinberger & Associates P.C. 17515 West Nine Mile Rd. Suite 420 Southfield, MI 48075 john@steinbergerlaw.com | Attorney Fees | | | 9/2019 | \$300.00 | | |
| 17. | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you li No Yes. Fill in the details. | or to make payments | | | r transfer any prope | erty to anyone who | | |
| | Person Who Was Paid | Description and w | alua of any propo | w41.4 | Data navment | Amount of | | |
| | Address | Description and v transferred | alue of any prope | rty | Date payment or transfer was made | Amount of payment | | |
| Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on include gifts and transfers that you have already listed on this statement. No | | | | | | | | |
| | Yes. Fill in the details. | Baradatian and a | -1 | D | | D-1- (| | |
| | Person Who Received Transfer Address | Description and v property transferr | | | any property or received or debts change | Date transfer was made | | |
| | Person's relationship to you | | | | | | | |
| 19. | Within 10 years before you filed for bankruptce beneficiary? (These are often called asset-protection No | | y property to a se | lf-settled tru | st or similar device | of which you are a | | |
| | ☐ Yes. Fill in the details. | | | | | | | |
| | Name of trust | Description and v | alue of the proper | rty transferre | ed | Date Transfer was made | | |
| Par | List of Certain Financial Accounts, Instru | uments, Safe Deposit | Boxes, and Stora | nge Units | | | | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? | were any financial ac | counts or instrum | ents held in | your name, or for y | our benefit, closed, | | |
| | Include checking, savings, money market, or chouses, pension funds, cooperatives, associa | | | deposit; sh | ares in banks, credi | t unions, brokerage | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution and L | ast 4 digits of ccount number | Type of account instrument | clo mo | te account was sed, sold, ved, or | Last balance before closing or transfer | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Samira N Sutton Case number (if known)

| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | |
|-----|--|---|---|-----------------------|--|--|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | | | |
| 22. | Have you stored property in a storage unit or p | place other than your home within 1 | year before you filed for bankruptcy | ? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | | | |
| Par | t 9: Identify Property You Hold or Control for | Someone Else | | | | | | |
| 23. | Do you hold or control any property that some for someone. | one else owns? Include any prope | rty you borrowed from, are storing for | , or hold in trust | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | | |
| Par | t 10: Give Details About Environmental Inform | nation | | | | | | |
| For | the purpose of Part 10, the following definitions | s apply: | | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, groun | - · · · · · · · · · · · · · · · · · · · | | | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | defined under any environmental | law, whether you now own, operate, o | or utilize it or used | | | | |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or | | s waste, hazardous substance, toxic s | substance, | | | | |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of whe | n they occurred. | | | | | |
| 24. | Has any governmental unit notified you that yo | ou may be liable or potentially liable | e under or in violation of an environme | ental law? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | Have you notified any governmental unit of any | y release of hazardous material? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| | | | | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Samira N Sutton Case number (if known)

| 26. | Have you been a party in any jud | icial or adminis | strative proceeding under any env | rironn | nental law? Include settlements | and orders. | | |
|-----|--|-------------------|---|--------|--|--------------------|--|--|
| | No | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ure of the case | Status of the case | | |
| Par | rt 11: Give Details About Your Bu | ısiness or Con | nections to Any Business | | | | | |
| 27. | Within 4 years before you filed fo | r bankruptcy, o | did you own a business or have a | ny of | the following connections to an | y business? | | |
| | ☐ A sole proprietor or self-e | employed in a t | trade, profession, or other activity | , eith | er full-time or part-time | | | |
| | ☐ A member of a limited lial | bility company | (LLC) or limited liability partnersh | nip (L | LP) | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | No. None of the above applie | es. Go to Part | 12. | | | | | |
| | ☐ Yes. Check all that apply about | ove and fill in t | d fill in the details below for each business. | | | | | |
| | Business Name Address | De | scribe the nature of the business | | Employer Identification number | | | |
| | (Number, Street, City, State and ZIP Code) | Na | Name of accountant or bookkeeper | | Do not include Social Security number or ITIN. | | | |
| | | | | | Dates business existed | | | |
| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. | | | | | | | |
| | ■ No | | | | | | | |
| | ☐ Yes. Fill in the details below. | | | | | | | |
| | Name | Da | te Issued | | | | | |
| | Address (Number, Street, City, State and ZIP Code) | | | | | | | |
| | | | | | | | | |

| Debtor 1 Samira N Sutton | Case number (if known) |
|---|--|
| | |
| Part 12: Sign Below | |
| are true and correct. I understand that m | of Financial Affairs and any attachments, and I declare under penalty of perjury that the answersing a false statement, concealing property, or obtaining money or property by fraud in connection up to \$250,000, or imprisonment for up to 20 years, or both. |
| /s/ Samira N Sutton | |
| Samira N Sutton Signature of Debtor 1 | Signature of Debtor 2 |
| Date September 27, 2019 | Date |
| Did you attach additional pages to <i>Your</i> ■ No □ Yes | ntement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| | s not an attorney to help you fill out bankruptcy forms? |
| ■ No | |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

United States Bankruptcy Court Eastern District of Michigan

| In re | Samira | a N Sutton | Case No. |
|-------|---------------------|--|---|
| | | Debtor(s) | Chapter 7 |
| | | | |
| | | STATEMENT OF ATTORNEY FOR DEBTOR(S) PURSUANT TO F.R.BANKR.P. 2016(b) | |
| | The unc | lersigned, pursuant to F.R.Bankr.P. 2016(b), states that: | |
| | The unc | lersigned is the attorney for the Debtor(s) in this case. | |
| | The con | npensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Check o | ne] |
| | [X] | FLAT FEE | |
| | A. | For legal services rendered in contemplation of and in connection with this case, exclusive of the filing fee paid | ·1,020.00_ |
| | B. | Prior to filing this statement, received | 300.00 |
| | C. | The unpaid balance due and payable is | 720.00 |
| | [] | RETAINER | |
| | A. | Amount of retainer received | |
| | В. | The undersigned shall bill against the retainer at an hourly rate of \$ [Or atta agreed to pay all Court approved fees and expenses exceeding the amount of the r | |
| i. | \$ 0.0 | 0 of the filing fee has been paid. | |
| | | n for the above-disclosed fee, I have agreed to render legal service for all aspects of the apply.] | he bankruptcy case, including: [Cross out any |
| | A. | Analysis of the debtor's financial situation, and rendering advice to the debtor in de | etermining whether to file a petition in |
| | _ | bankruptcy; | • |
| | B. C. | Preparation and filing of any petition, schedules, statement of affairs and plan which Representation of the debtor at the meeting of creditors and confirmation hearing, | |
| | Đ | Representation of the debtor in adversary proceedings and other contested bankrup | |
| | E. | Reaffirmations; | |
| | F. G. | — Redemptions; Other: | |
| | | All terms of the retainer agreement between Debtor and Attorney are i legal services includes the costs paid for credit reports, credit counse | |
| | | The client(s) agrees to pay the following additional charges if applicate | ble: |
| | | Failure to attend the creditors meeting or attendance at adjourned r Amendment to the petition, including addition of creditors \$150.00 Supplying Additional copy of Petition \$50.00 Retrieving documents from closed files \$30.00 Appearance at show cause hearing for failure to pay the filing fee | 0 |
| | | 6 Garnishments: The client agrees to pay 50% of any prepetition garni addition to fee noted above. | isheed funds recovered if any in |
| | | Services rendered subsequent to the 341 hearing will be billed at the a already referred to in the above additional charges. These include but Motions, Requests by the Trustee or creditors for additional document objections or other legal work. The attorney may require an advance process. | t are not limited to responses to its following the 341 hearing, Trustee |
| 5. | By agre | ement with the debtor(s), the above-disclosed fee does not include the following serv Representation of the debtors in any dischargeability actions, adversa avoidances, relief from stay actions or any other adversary proceeding | ary proceedings, judicial lien |
| ó. | The sou | rce of payments to the undersigned was from: | |
| | A. B. | Debtor(s)' earnings, wages, compensation for services performed Other (describe, including the identity of payor) | d |

| 7. | The undersigned has not shared or agreed to share, wi corporation, any compensation paid or to be paid exce | th any other person, other than with members of the undersigned's law firm or ept as follows: |
|---------|---|--|
| Dated: | September 27, 2019 | /s/ John A. Steinberger |
| | | Attorney for the Debtor(s) John A. Steinberger P30812 John A. Steinberger & Associates P.C. 17515 West Nine Mile Rd. Suite 420 Southfield, MI 48075 248-559-4055 john@steinbergerlaw.com |
| Agreed: | /s/ Samira N Sutton | |
| | Samira N Sutton Debtor | Debtor |

7.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|---------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| <u>+</u> \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days before you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Michigan

| In re | Samira N Sutton | | Case No. | |
|-------|----------------------------------|---|---------------------|-----------------------|
| | | Debtor(s) | Chapter | 7 |
| | VER | IFICATION OF CREDITOR | R MATRIX | |
| he ab | ove-named Debtor hereby verifies | that the attached list of creditors is true and | correct to the best | of his/her knowledge. |
| Date: | September 27, 2019 | /s/ Samira N Sutton | | |
| | | Samira N Sutton | | |
| | | Signature of Debtor | | |

Avant Llc/web Bank LVNV Funding Santander Consumer Usa 222 N. Lasalle St P.O. Box 10497 Po Box 961245 Chicago, IL 60601 Greenville, SC 29603 Ft Worth, TX 76161

Capital One Bank Usa N Merchants & Medcal Security Credit Servic Po Box 30281 6324 Taylor Dr 2653 W Oxford Loop Salt Lake City, UT 84130 Flint, MI 48507 Oxford, MS 38655

Comenitybank/victoria Merrick Bank Corp Transwo Po Box 182789 Po Box 9201 2135 E. Columbus, OH 43218 Old Bethpage, NY 11804 Suite Q

Transworld Systems 2135 E. Primrose Springfield, MO 65804

Credit One Bank Na Michigan Department of Treasury Po Box 98872 Collection/Bankruptcy Unit Las Vegas, NV 89193 P.O. Box 30168 Lansing, MI 48909

Dept Of Education/neln
Po Box 82561
Lincoln, NE 68501
Michigan First Credit Union
c/o Holzman Law
28366 Franklin Rd.
Southfield, MI 48034

FBCS Inc. 330 S. Warminster RD. Ste. 353 Hatboro, PA 19040

Michigan First Cu 27000 Evergreen Rd Southfield, MI 48076

Fifth Third Bank Midland Funding LLC 5050 Kingsley Dr Cincinnati, OH 45263 Midland Funding LLC c/o Weltman, Weinberg & Reis CO., LPA 2155 Butterfield Dr. Ste. 200-S Troy, MI 48084

First National Collection Burkandstrom/td Bank Usa PO Box 1259 13531 E. Caley Ave Oaks, PA 19456 Englewood, CO 80111

First Premier Bank Opploans/finwise 3820 N Louise Ave 11 E. Adams Chicago, IL 60603

Joshua Israel Portfolio Recov Assoc 600 Chandler St. 120 Corporate Blvd Ste 100 Detroit, MI 48208 Norfolk, VA 23502